

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

REGISTERED AGENT CHANGE
WILBERT FUNERAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 MAR 26 AM 12:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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APR 15 2020



March 27, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILBERT FUNERAL SERVICES, INC.
10965 GRANADA LANE, SUITE 300
OVERLAND PARK, KS 66211

SUBJECT: WILBERT FUNERAL SERVICES, INC.
REF: F14000004037

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000093606
Letter Number: 720A00006748

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILBERT FUNERAL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F14000004037

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susannah Brown

Name of Contact Person

Wilbert Funeral Services, Inc.

Firm/Company

10965 Granada Lane Ste 300

Address

Overland Park, Kansas 66211-1412

City/State and Zip Code

Sbrown@wilbert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susannah Brown

Name of Contact Person

at (913) 345-2120

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Kansas _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wilbert Funeral Services, Inc.
2. The principal office address: 10965 GRANADA LANE, SUITE 300 OVERLAND PARK, KS 66211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/24/2014 Document number: F14000004037
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Peter McBride

6742 Oak Manor Drive

Lakewood Ranch

FL 34202

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Corporation Service Company

1201 Hays Street

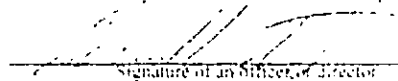
P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

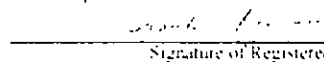
Edward C. Hart

CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company


Signature of Registered Agent

03/26/20

Date

If signing on behalf of an entity:

Amanda Robinson, Asst. Vice President

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F015 (04-17)